EXHIBIT B

Form 205 (Revised 05/11)

Submit in duplicate to: Secretary of State P.O. Box 13697



Certificate of Formation

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FILED
In the Office of the
Secretary of State of Texas

Austin, 1X /8/11-369/ 512 463-5555 FAX: 512 463-5709	Limited L	лавину Сотрану		APR 2 6 2013
Filing Fee: \$300			Con	porations Section
	Article 1 – E	ntity Name and Type		
The filing entity being forme	d is a limited liabi	lity company. The nar	me of the enti	ty is:
SmartFlash LLC The name must contain the words "lim	ited liability company,"	"limited company," or an abb	previation of one o	f these phrases.
		Agent and Registere		
A. The initial registered	agent is an organiz	zation (cannot be entity nan	ned above) by th	e name of:
Lawrence J. Brannian				
OR B. The initial registered	agent is an individ	lual resident of the stat	te whose name	e is set forth below:
First Name	М.І.	Last Name	··	Suffix
C. The business address of the 8150 North Central Expressive Suite 1800		t and the registered off	ice address is TX	75206
Street Address	City		State	Zip Code
(Select and complete A. The limited liability of manager are set forth below.	ete either A or B and pro	Soverning Authority wide the name and address of emanagers. The name		
B. The limited liability of members, and the name and a				e governed by its
GOVERNING PERSON 1				
NAME (Enter the name of either an indivi- IF INDIVIDUAL	dual or an organization, bu	t not both.)		i
Lawrence	J	Brannian		C. #.
First Name OR IF ORGANIZATION	М.І.	Last Name		Suffix
Organization Name ADDRESS 9150 North Control Evorassy	yay Suite		11 14 5	स्टर अंग श्रेष्ट्रीय हैं पुस्ता के ते
8150 North Central Expressy		Dallas	TX US	SA: 75206
CEIVED				***

REC

APR 26 2013

Street or Mailing Address City State Country Zip Code

Form 205 5

GOVERNING PERSON 2					
NAME (Enter the name of either an individual IF INDIVIDUAL	al or an organization, but	not both.)			
n narvisans					
First Name	M.I.	Last Name			Suffix
OR	474.41	2001110000			~
IF ORGANIZATION					
Organization Name					
ADDRESS					
Street or Mailing Address	Ci	ty	State	Country	Zip Code
GOVERNING PERSON 3					·
NAME (Enter the name of either an individu	al or an organization, but	not both.)			
IF INDIVIDUAL					
					Suffix
First Name OR	M.I.	Last Name			<i>នម្បេ</i> ធ
IF ORGANIZATION					
II ONOANZATION					
Organization Name					
ADDRESS					
			Ctata	Country	Zip Code
Street or Mailing Address	Ci	<i>ty</i>	State	Country	Zip Code
	Article	e 4 – Purpose			
		-			
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Form 205

Organizer

The name and address of the organizer:			
Lawrence J. Brannian Name			
8150 North Central Expressway, Suite 1800	Dallas	TX	75206
Street or Mailing Address	City	State	Zip Code
Effectiveness of Fi	iling (Select either A, B, or	· C.)	
A. X This document becomes effective when th	e document is filed by	y the secretary of	state.
B. This document becomes effective at a later	r date, which is not m	ore than ninety (9	00) days from
the date of signing. The delayed effective date is): 		<u> </u>
C. This document takes effect upon the occur		ent or fact, other	than the
passage of time. The 90th day after the date of significant			
The following event or fact will cause the docum	ent to take effect in t	he manner describ	bed below:
			,
Exc	ecution		
The undersigned affirms that the person designation appointment. The undersigned signs this document submission of a materially false or fraudulent instruments undersigned is authorized to execute the filing instruments.	nent subject to the perturnent and certifies	enalties imposed	by law for the
Date: 4-26-13	<u>Subtunce</u> gnature of organizer	Bro	m na m
	warence J. Brannian inted or typed name of organ	izer	`